



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 950.00)

## Complete if Known

Application Number	09/831290
Filing Date	May 8, 2001
First Named Inventor	Norbert Friedemann Schnell
Examiner Name	D. Sullivan

Art Unit

1636

Attorney Docket No.

ASZD-P01-429

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## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number 18-1945

Deposit Account Name Ropes & Gray LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 150	2005 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>		<b>0.00</b>	950.00
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (2) (\$)</b>		<b>0.00</b>	<b>950.00</b>

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 150	2005 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>		<b>0.00</b>	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =		
Multiple Dependent	** =		

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 88	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		<b>0.00</b>

\*\* or number previously paid, if greater. For Reissues, see above

**SUBTOTAL (3) (\$)** **950.00**

(Complete if applicable)			
Name (Print/Type)	David P. Halstead	Registration No. (Attorney/Agent)	44,735 Telephone (617) 951-7615
Signature		Date	October 3, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 3, 2003

Signature:

(Mary Jane DiPalma)

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